

**REMARKS**

The Office Action dated November 9, 2007 has been reviewed, and the comments therein have been carefully considered. Claims 1-18 were previously canceled without prejudice or disclaimer. Previously presented Claims 19-69 remain currently pending, with Claims 19, 37, and 54 being independent. Applicants respectfully request favorable reconsideration of this application.

**103(a) Rejection of Claim 19**

Claim 19 recites, *inter alia*, a fixed treatment unit, a programmable fixed monitor unit, the monitor unit being positioned adjacent the treatment unit such that a single user has simultaneous access to the treatment unit controls and indicators and the monitor unit controls and display, and the monitor unit being signally connected to the treatment unit by means of a one-way communication mechanism such that the monitor unit is prevented from affecting the administration of the medical treatment by the treatment unit. Applicants respectfully submit that the proposed combination of Causey, III et al. (USP 6,641,533, hereinafter Causey) and Gilcher et al. (USP 6,113,554) fails to teach or reasonably suggest at least these features of the claim.

The rejection continues to rely on Causey for a monitor unit connected to a treatment unit by a one-way communication channel. As discussed in the previous Amendment, the description of the communication in the Causey reference is entirely consistent with a bi-directional communication channel, not a one-way communication mechanism. For example, medical device module 200 can include a modem to transfer data to and from a healthcare professional or to receive updated programming or instructions (see, for example, col. 23, lines 52-56), thus allowing for bi-directional

communication of data across the modem connection with a remote computer (see col. 24, lines 6-13).

Since medical device module 200 can interact with and control the infusion unit 400, data input to medical device module 200 via the bi-directional communication channel with the computer 6 could directly affect operation of the infusion unit 400 in Causey. In addition, by stating that the device in Figure 10 is *capable* of operating in a one-way mode of operation at any point during operation, the Office Action implicitly concedes that the communication link in Causey is a bi-directional communication channel and therefore does not meet the limitations of the claims. Claim 19 recites that the monitor unit is signally connected to the treatment unit by means of a one-way communication mechanism such that the monitor unit is prevented from affecting the administration of the medical treatment by the treatment unit. The claim does not make one-way communication optional. The recited structure makes it mandatory. Causey lacks a teaching of the recited structure and therefore cannot serve as a basis for rejection.

Causey also fails to teach a programmable fixed monitor unit being positioned adjacent a fixed treatment unit such that a single user has simultaneous access to the treatment unit controls and indicators and the monitor unit controls and display. In fact, the Causey reference, read as a whole, describes a mobile monitor and treatment unit, not a fixed unit.

The rejection relies on Gilcher for the teaching that a monitor unit and a treatment unit could be commonly housed, citing MPEP § 2144.04, which cites *In re Larson*, for the obviousness of making multiple, distinct parts as a single piece. However, *In re Larson* relates to making an integral part from parts rigidly connected together.

Modifying Causey to make a mobile transceiver in a single housing is simply not consonant with the rule of *In re Larson*.

In addition, as discussed in the previous response, the modification proposed by the rejection is at odds with Causey's objective – to provide remote programmers and handheld PDAs for use with medical devices to facilitate remote testing and monitoring of a patient's condition. To this end, Causey provides medical device module 200 in a mobile PDA 10 separate from a mobile infusion device 400, and computer 6 remotely from both medical device module 200 and infusion device 400 (see, for example, col. 23, lines 52-56). Providing these elements adjacent to each other would be contrary to the goal of remote testing and monitoring of Causey. Accordingly, it would be improper to modify Causey in the manner suggested by the Office Action since it would render Causey unsatisfactory for its intended purpose (see MPEP § 2143.01), regardless of whether or not Gilcher teaches the proposed modification. Accordingly, the rejection is improper and should be withdrawn.

#### 103(a) Rejection of Claim 37

Claim 37 recites, *inter alia*, a treatment unit, a programmable monitor unit, the monitor unit being attached to the treatment unit such that a single user has simultaneous access to the treatment unit controls and indicators and the monitor unit controls and display, and the monitor unit being signally connected to the treatment unit by means of a one-way communication mechanism such that the monitor unit is prevented from affecting the state of the treatment unit. Applicants respectfully submit that the proposed combination of Causey and Gilcher fails to teach or reasonably suggest at least these features of the claim.

As discussed above with regard to Claim 19, since medical device module 200 can interact with and control the infusion unit 400, data input to medical device module 200 provided via the bi-directional communication channel with computer 6 could directly affect the state of the infusion unit 400 in Causey. Thus, Causey does not disclose a one-way communication mechanism such that the monitor unit is prevented from affecting the state of the treatment unit.

Further, the proposed combination of Causey and Gilcher is completely at odds with Causey's objective – to provide remote programmers and handheld PDAs for use with medical devices to facilitate remote testing and monitoring of a patient's condition. To this end, Causey provides medical device module 200 in a PDA 10 unattached to a mobile infusion device 400, and computer 6 unattached to both medical device module 200 and infusion device 400 (see, for example, col. 23, lines 52-56). Providing these elements attached to each other would be contrary to the goal of remote testing and monitoring of Causey. Accordingly, it would be improper to modify Causey in the manner suggested by the Office Action since it would render Causey unsatisfactory for its intended purpose (see MPEP § 2143.01), regardless of whether or not Gilcher teaches the proposed modification. Accordingly, the rejection is improper and should be withdrawn.

#### 103(a) Rejection of Claim 54

Claim 54 recites, *inter alia*, a treatment unit, a programmable monitor unit, the monitor unit being attached to the treatment unit such that a single user has simultaneous access to the treatment unit controls and indicators and the monitor unit controls and display, and the monitor unit being signally connected to the treatment unit by means of a one-way communication mechanism such that the monitor unit is prevented from

affecting the state of the treatment unit. The combination of Causey and Gilcher is similarly deficient with regard to Claim 54 as discussed with respect to Claim 37 above.

Further, Claim 54 recites that information output by the monitor unit excludes any real-time information obtained from the one-way communication mechanism, whereby the monitor unit information may not be used by an operator to make changes in the treatment unit's settings. The rejection does not address these features of the independent claim in the outstanding rejection. Applicants further note that these features do not appear to be explicitly disclosed or suggested in the applied references. Accordingly, the rejection is improper and should be withdrawn.

Conclusion

For at least the reasons presented above, independent Claims 19, 37, and 54 patentably distinguish from the applied references. Claims 20-36, 38-53, and 55-69, which depend from Claims 19, 37, and 54, are also believed to be patentable for at least the reasons discussed above with respect to Claims 19, 37, and 54, as well as due to the additional subject matter contained therein.

Accordingly, Applicants respectfully request that the outstanding rejections be withdrawn and that this application now be passed to issue.

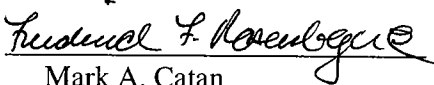
Should the Examiner believe that any further action is necessary to place this application in better form for allowance, the Examiner is invited to contact Applicants' representative at the telephone number listed below.

The Commissioner is hereby authorized to charge to Deposit Account No. 50-1165 (53951-108) any fees under 37 C.F.R. §§ 1.16 and 1.17 that may be required by this paper and to credit any overpayment to that Account. If any extension of time is required in connection with the filing of this paper and has not been separately requested, such extension is hereby requested.

Respectfully submitted,

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